

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445408	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2011
NAME OF PROVIDER OR SUPPLIER SODDY-DAISY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 701 SEQUOYAH ROAD SODDY-DAISY, TN 37379		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the sprinkler system is maintained and in a reliable operating condition.</p> <p>The findings include:</p> <p>Observation, record review and interview with maintenance director on May 24, 2011 at 11:15 a.m. revealed no sprinkler documentation record within five (5) years that showed the sprinkler piping obstruction test.</p>	K 062	<p>1. A facility wide sprinkler piping obstruction test was conducted on May 31, 2011 by Chattanooga Fire Protection, Inc.</p> <p>The Administrator in-serviced the Maintenance Supervisor on May 24, 2011 on testing sprinkler system within five years.</p> <p>2. The sprinkler system was tested on May 31, 2011 by Chattanooga Fire Protection, Inc.</p> <p>3. The Administrator in-serviced the Maintenance Supervisor on May 24, 2011 on testing sprinkler system within five years.</p> <p>A preventative maintenance program will include the sprinkler piping obstruction test scheduled every five years by the Director of Maintenance.</p> <p>4. Audits of the preventative maintenance program which include the sprinkler piping obstruction test will be performed by the Administrator weekly for 12 weeks and/or 100% compliance.</p> <p>The Director of Maintenance will report the results of the preventative maintenance program in the quarterly Quality Assurance Performance Improvement committee to ensure 100% compliance. Members of the committee include Medical Director, Director of Nursing, Administrator, Assistant Director of Nursing, Staff Development, Social Services, Dietary Manager, Rehab Manager, Activity Director, Environmental and Unit Managers.</p>	5/31/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Reid Shultz

Administrator

6/7/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUN 05 2011